Kohl's Incident Report: For use with Customers and the Public

Instructions: Report all incidents by phone to 800-793-5716 within 24 hours. Complete both sides of written report in full and send a copy with original photographs and / or videotape to Liberty Mutual. Retain the original report and another set of pictures in the store file. If a product or other physical evidence is involved, remove from the store floor and tag it appropriately. Retain the evidence at the store until Liberty Mutual contacts you for disposition.

Date of Report: 629/04 Date of Incident 6/29/04 Store Location Number 015221
Date Reported by phone to Liberty Mutual 6/29/04 Liberty Mutual Claim Number 715 604795
Store address (Include City, State, and Zip Code): 1900 Keystone Drive, Erie, PA 16509
8006720834
Irving Texas
Store Phone (Include Area Code) 814 864-7856
Print full name, title, address, and phone number of party completing this report:
5345 Snan Dr MENTON, OURS 440-354-6016
Name of person involved DAVID BIBLE
Complete Home Address(city, state, zip): 104 AVERLON AYE # 24
(9,4-866-4598)
Age 60 Sex (M/F) Male Business Address: (city, state, zip): NA 4/2/44 State, Zip): NA 4/2/44
Phone Number(s) Home: (814) 866 - 9398 Business: ()
Name(s) of Companion(s) with person involved - Include, name, age, address, telephone numbers:
Location of incident: SHOE DEPT
Time of Incident: 130 AMPM Weather Conditions: Cital
Description of Incident: (Be specific and state facts): Walking IN Shot DEPT -
TRIPPED ON SHOR SIZER
Name and address of manufacturer or supplier involved in the incident include the SKU number of the product involved:
Extent of injury - list all injured body parts as reported by the person involved: NECK, BACK, WOLT KINGE
Was medical treatment sought?
Was any medical assistance provided at time of incident? If yes, indicate who provided and type of assistance:
Name of Physician, Clinic or Hospital if the person sought media
AAM LEY